

CLMC Bulletin 448 – 26/01/21

Contract agreement for 2021/22

GPC England have secured an agreement with NHSE/I for minimal contract changes for 2021/22 whilst retaining the significant increases in funding already planned. Some of the previous agreements due to start in April will be delayed. This is to give practices support and stability through the continued pandemic and whilst practices are playing such a significant role in the COVID-19 vaccination programme. Some of these changes will be implemented throughout 2021/22 depending on the pandemic, and will be agreed later in the year. Practices will then be provided with adequate time to prepare.

The full details are available on the GPC [website](#), but in summary, from April:

- Funding increases previously agreed will be honoured
- Funding increase to global sum to allow a 2.1% uplift in pay
- QOF will be largely the same as for 2020/21 with some amendments to cancer and SMI domains to assist with the impact of the pandemic, and changes to vaccinations and immunisations as previously planned to continue with the move to an item of service payment arrangement for childhood vaccinations – these will see additional funding go into QOF
- QI modules from 20/21 to be repeated and slightly amended and the work already done will count towards this
- The core digital offer to patients has been defined, largely based on how practices are already operating due to the pandemic
- New ARRS roles will come on stream, with additional funding being made available to enable mental health practitioners to be part of the PCN workforce
- London weighting can be paid as part of ARRS max reimbursement amounts
- IIF 2020/12 indicators will remain unchanged. GPCE and NHSEI will have further discussion on other planned indicators for 2021/22, as the length and impact of the pandemic becomes clearer, utilising the additional investment to the IIF
- No new PCN service specifications from April (will be phased in later in the year with dates to be agreed depending on the pandemic), and current PCN services to receive minor amendments
- GPC England and NHSE/I will discuss the introduction (in-year) of a new enhanced service related to obesity and weight management

Full details are available on the [website](#) and further guidance will be provided in due course, but we hope that this will provide practices with some stability during this challenging time. Read the GPC press statement [here](#)

PCN DES ballot results

In November, the LMC England conference passed the following resolution: *Conference notes that the BMA GPC (GP committee) England has never secured a robust democratic mandate for the PCN DES and so again asks the GPC England to secure a firm mandate from the entire profession by means of ballot before negotiating any extension or changes to the PCN DES for the year 2021 / 2022.*

As a result GPCE have completed a ballot, with the question based on the motion: “Prior to any further negotiations, extension or changes for 2021/22, do you give GPC England a mandate for the PCN directed enhanced service?”

The result of the ballot was:

Yes: 80% (3,619)

No: 20% (915)

Total number responding: 4,534

This outcome provides a clear mandate from the profession for the PCN DES, and GPC England will therefore continue to negotiate on this, seeking improvements and further developing it, as part of the whole GP contract, for the benefit of practices and our patients. Read more [here](#)

PM praises GPs

We were pleased to hear the Prime Minister and Chief Medical Officer praising GPs and their teams in the [COVID-19 press conference](#). The Prime Minister said, “A massive thank you...they’ve now stood up the vaccination on top of everything else...we should all be enormously grateful for what they have done.” Read more on the [BMA’s GP twitter account](#)

Tees Locum Support Forum

CLMC is aware of the risk of professional isolation that has been particularly experienced by locum GPs over the past few months. We are offering all locum GPs (any GP who is not permanently attached to a practice, regardless of the setting in which they are currently working) who are linked to Teesside the opportunity to join our locum support forum.

This will provide informal peer support, as well as useful information about local services that you may miss out on hearing about. Please pass this information on to any locums who do not receive the bulletin, or any GP Trainees who may be considering locum work within Teesside.

This invitation link is valid for 13 days - https://join.slack.com/t/teessidegplocums/shared_invite/zt-km0woxau-eSfBsBR0BiC3ABfPvxpxwA - please do encourage sign up. This will prove particularly helpful in ensuring that all our colleagues are aware of any developments and opportunities in the area as well as helping them access important information to ensure they are up-to-date and best placed to support our practices.

If you or your colleagues would like further information, please contact Dr Rachel McMahon (CLMC Secretary and one of the lead GPs for this project) via email rachelmcmahon@nhs.net

COVID-19 vaccination programme

From this week, people aged 70 and over and those clinically extremely vulnerable to COVID-19 can be invited to get their vaccinations as the [roll out of the vaccination for the next 2 priority groups begins](#). Vaccinating the first two groups (care home residents and staff, and those aged 80 and over and frontline health and care staff) will remain the priority, but vaccination sites which have enough supply and capacity for vaccinating further people are allowed to offer vaccinations to the next 2 cohorts. GPC have, however, raised with NHSE/I concerns about the way invitation letters are being sent to patients, and that these are not coordinated with local practice group sites, causing potential confusion for some patients and unnecessary travelling to more remote vaccination centres.

NHS England has made it clear that vaccines should not be wasted, and sites should have reserve lists that they can use to make every effort to invite patients or healthcare professionals to ensure that they can make full use of any unused vaccines rather than have any go to waste. GPC have also added a section on vaccine supply to the [BMA's advice webpage on healthcare worker vaccination](#) and are encouraging members to anonymously report any concerns about this via their [feedback portal](#).

Regionally, in order ensure that health and social care staff are captured within the vaccination process, the ICS has developed some guidance and a portal for people who fall within this category to register so they can be called when vaccine is available. The letters relating to this were attached to the covering email and are available on request. This process will also pick up locum staff as it is important we capture this group.

Locally, a locum forum has been developed for Tees and is led by Dr Rachel Mahon and Dr Debs White. Further details on this forum are included in this bulletin (above) but it is an additional avenue where PCNs can reach to assist in identifying locums requiring vaccination.

The BMA is tracking the rollout of both first and second dose vaccination against COVID-19, as they campaign for rapid vaccine distribution to doctors. Thank you to all who have participated so far – BMA found that while most UK doctors have now received a vaccination, there is variation by country and grade, and one in 10 are yet to receive a first dose. [See the results here](#)

Following the announcement about [additional funding to support the rapid delivery of vaccinations to care home staff and residents](#), NHSE/I has now published [Process for the payment of Item of Service fees and Care Home Supplement payments to PCN groupings](#) (log in required, so document was attached to the covering email). GPC have raised concerns about the complexity of this process but PCNs bringing in additional workforce between now and the end of January to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle will be eligible to claim up to £950 per week (a maximum of £2500 per PCN grouping) of funding support.

There have been some concerns about the availability of the COVID vaccine for private patients. The easiest way for private patients to access the vaccination programme is to temporarily register with an NHS practice involved in the vaccination programme. If they have not got an NHS number they will be provided with one as part of the registration process. GPC would encourage practices to do this for private patients and for local vaccination sites to make the bookings. However, if a patient does not want to do this if they have ever had any contact with an NHS service they should still receive a vaccination letter via the national database.

Read the GPC [guidance on the COVID-19 vaccination programme](#) which includes information about the added funding to support rapid care home vaccination, and other recent information about how to administer the vaccine, and further support to enable practices to prioritise vaccine delivery.

NHSE/I's guidance for primary care about the COVID-19 vaccination programme is available [here](#)

The latest [data report of the number of COVID-19 vaccinations](#) provided by the NHS in England, show that as of 20 January, a total of 4,419,704 have received an NHS vaccination since 7 December when vaccinations began.

Securing enhanced and suitable PPE

In light of the continued spread of the new more transmissible variant of COVID-19, as well as growing evidence of aerosol transmission of the virus in non-AGP settings, the BMA is determined to ensure that every doctor is properly protected with adequate and suitable PPE. That's why the [BMA has written to Public Health England](#) asking for an urgent review of their PPE guidance.

As reported last week, the Government has extended the provision of [free COVID-19 PPE for all health, social care and public sector workers](#), until at least the end of June. Read the BMA's updated [PPE guidance](#) and the [guidance for practices on reducing COVID-19 transmission and PPE](#).

As more health and social care workers and patients receive the first dose of the vaccine there seems to be a growing perception that staff and some patients are protected so PPE and social distancing can be followed less vigilantly. As we are all aware, this is not the case and it is vitally important that all strictly follow PPE and social distancing guidelines and have appropriate regard and respect for this highly contagious virus.

BMA joins calls for emergency legislation to protect medics from 'unlawful killing' cases

The BMA has co-signed a letter calling for emergency legislation to protect healthcare workers from 'inappropriate' legal action over Covid-19 treatment decisions. The story was covered by [Sky News](#) and [BBC News](#). The letter, organised by the [MPS](#) and signed by other health organisations and addressed to Matt Hancock, reads: "With the chief medical officers now determining that there is a material risk of the NHS being overwhelmed within weeks, our members are worried that not only do they face being put in this position but also that they could subsequently be vulnerable to a criminal investigation by the police."

Judicial Review against Northamptonshire safeguarding partners (safeguarding fees)

The BMA made an application for Judicial Review against the Northamptonshire safeguarding partners, which was heard in May 2020. The BMA argued that they had failed to discharge various statutory obligations in publishing their *Local Safeguarding Arrangements Plan 2019-2021*, because it did not specify what sum the Defendants had budgeted to meet the cost of GPs work on safeguarding cases, including the production of safeguarding reports and attendance at safeguarding conferences.

Judgement in the Judicial Review brought by the BMA was handed down in July 2020. Unfortunately the Judge found against the BMA and dismissed the application for Judicial review. The Judge reached a different conclusion to the BMA about the correct interpretation of the Children Act 2004 and in particular, sections 16E and 16F. He interpreted those sections narrowly, as only requiring safeguarding partners to 'make arrangements to enable themselves, when they exercise their individual safeguarding functions, to work together'. He held therefore, that they did not have a bearing on how safeguarding partners discharge related safeguarding obligations arising under different legal provisions.

The BMA were advised that there were sufficient, if limited grounds for appeal and an application was made. They have now heard that they were, unfortunately, unsuccessful in the appeal. The judicial review cannot now be taken any further.

However, in reaching his original decision, the judge said that safeguarding partners can reasonably be expected to agree suitable arrangements to pay GPs, and if they don't, GPs may well take legal action to force them to. Although this is much the same position the BMA were in before they started the JR, it helps that it is confirmed in a High Court judgment which at the same time dismisses the main legal arguments that local authorities would rely on to say GPs have to provide the work for free.

On this basis, if you have a possible suitable test case you would be prepared to put forward for the BMA to challenge non-payment for these services please contact janice.foster@nhs.net .

Payments during suspension - SoS Determination

GPC is aware of a case where a GP has been asked to refund to the NHS a significant sum of money that had allegedly been wrongly paid during a period of suspension. The payment was made under the [Secretary of State's Determination: Payments to Medical Practitioners suspended from the Performers List](#) and there is nothing to suggest the interpretation of the Determination by NHSE/I was anything other than correct. However, the original payment was mistakenly made on the GP's profits and not their drawings. The Determination sets out that entitlement is based on an individual's normal monthly payments where they practise as an individual and in the case of partnerships, 90% of the normal monthly drawings from the partnership account. NHSE/I were correct in the re-interpretation of the Determination, payment is based on drawings not profit, often a much lower sum, but not the one on which tax is payable.

It has been suggested this amounts to discrimination against contractors when compared to other GPs and hospital doctors. The purpose of this update is to ensure members are aware of the consequences of this interpretation and the impact it might have on them if they receive payments when suspended.

LMC England Conference resolutions

The virtual England LMC Conference took place on 27 November 2020. [This document](#) which details the conference resolutions, election results and motions lost, has now been updated to include the voting statistics for each motion. All of the votes were quorate.

GPC regional elections

Nominations are opening at 12pm on Friday 22 January for a seat to the General Practitioners Committee (GPC) in our region, Durham/Cleveland. This seat is for a three-year term, 2021-24 sessions, subject to governance structure review.

Nominations are also opening on 12pm on Friday 22 January to the Prison GP representative seat on GPC UK. This seat is also for a three-year term from 2021-24.

Please note that in previous years there was a requirement that only GPs who paid the voluntary level could nominate themselves for election. That requirement has now been removed.

To submit your nomination, please visit <https://elections.bma.org.uk/>. The deadline for nominations is 12pm Friday 12 February. Voting will take place from 12pm 19 February to 12 March for the by-election and 19 March for all other seats.

For any questions relating to the role or GPC please contact info.gpc@bma.org.uk

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

Meeting on public health restructuring for public health doctors working outside of PHE

Following discussions at the last joint Public Health Medicine Consultative Committee (PHMC) and with the ADPH, the Faculty of Public Health (FPH) has agreed to host a joint meeting with the BMA on Thursday 28 January 2021, 14:00 - 15:30 on the restructuring of public health in England.

This meeting is primarily for public health doctors working in the English system outside of Public Health England, and also relevant to GPs with a special interest in Public Health. You can [register your free place here](#). When registering, you will be asked to enter your Faculty membership ID if you have one. If you have any difficulties registering or are unable to attend but would like to ask a question, please contact the PHMC on info.phmc@bma.org.uk

Mental health and wellbeing – looking after you and your practice team

Leadership Support Circles (National Autumn Offer 2020-2021)

Leadership Support Circles are part of the National Health and Wellbeing response to Covid19 to support the wellbeing of #OurNHSPeople. They provide evidence-based guidance and tools in a series of short, themed and interactive online sessions based on 10 principles for leading compassionately. Leadership Support Circles are a reflective space for managers at all levels to come together in a multi-disciplinary setting to share their experiences and be heard. Further information and how to register click the link [here](#)

GP appraisal leads and GP tutors offer of telephone support conversations remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. To organise a telephone support conversation, either with the appraisal lead or with a GP tutor, please contact the appraisal team, or email di.jelley@nhs.net

Crisis Coaching & Mentoring: [Coaching and mentoring sessions are available now](#) for all NHS and Health and Social Care leaders. Delivered by The Centre for Army Leadership and Meyler Campbell Coaching, these sessions are designed to support with the huge pressure on the ability of the NHS to deliver safe, high-quality care, sharpen focus on meeting the core needs of staff, ensuring wellbeing and sustained motivation to deal with this rapidly changing situation. The intervention will give leaders an understanding of crisis leadership that goes beyond what is necessary, and focused on engagement and motivation through Covid19. Further information and how to register [see link here](#)

CLMC continue to [offer wellbeing services via Validium](#) for **ALL working in general practice** within Tees (including locums). We understand that a number of staff have accessed this confidential service and it has been well received.

The BMA's report on the [mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future. The BMA continues to offer [wellbeing services and confidential 24/7 counselling and peer support](#) for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of the Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

There is also a wealth of NHSE provided [support available](#) to you and your team including a **wellbeing support helpline, a 24/7 text alternative, [peer to peer, team and personal resilience support](#), free mindfulness apps and the [#LookingAfterYouToo coaching offer](#).**

BMA COVID-19 guidance

The BMA [COVID-19 toolkit for GPs and practices](#) includes updates in the COVID-19 vaccination programme section and protecting clinically extremely vulnerable (CEV) patients section. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

GPC GP Bulletin

Read the latest GP bulletin [here](#)

GPC Sessional GP Bulletin

Read the latest Sessional GPs bulletin [here](#)