

CLMC Bulletin 472 – 20/07/21

COVID-19 vaccination programme inc. Phase 3/Booster Enhanced Service

NHSE/I has published the [Enhanced Service Specification](#) for phase 3 of the COVID-19 vaccination programme and other assorted documents. This ES has not undergone any negotiation between NHSE and the GPC and is an NHSE developed service.

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

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

CLMC draws your attention to the fact that the Seasonal Influenza ES has still not been released to practices and it is anticipated that it could be 2 – 3 weeks before this arrives. Given the deadline to register expressions of interest for the Covid Phase 3 ES is Wednesday 28 July practice and PCNs will need to make the decision on the Covid Phase 3 ES without this additional information, though both vaccinations may be linked in delivery. CLMC has worked through the Covid Phase 3 ES and advise all practices to consider the full specification carefully taking into account the knowledge of the increasing capacity pressures within general practice, the requirement to continue with business as usual through the delivery of the ES and the lack of information on the flu vaccination programme. As always, it is a practice decision as to whether they wish to sign. If you would like to discuss your considerations and details of the ES please contact Janice Foster at the CLMC office prior to Friday 23 July.

Easing of COVID restrictions and face coverings

[A BMA survey](#) released ahead of the [Government's announcement](#) confirming the easing of the restrictions on 19 July, found that a vast majority of doctors who were asked said they were in favour of keeping rules around face coverings and social distancing.

91% of doctors surveyed believe masks should continue to be worn in healthcare settings - where practical – and 86% say the same for social care settings. 90% of those surveyed wanted to see masks remaining mandatory on public transport, and a majority thinks face coverings should continue to be worn in shops, in hospitality and workplaces, like offices.

BMA council chair Dr Chaand Nagpaul said: "Doctors are clear in their desire to protect the public's health and our NHS by proven measures to control spread of this deadly virus. They want to see the legal requirement for wearing of face coverings retained not just in enclosed public spaces but also for patients and visitors and staff in hospitals and GP surgeries as well as social care settings."

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

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

GPC have produced a digital poster (can be requested from jackie.jameson@nhs.net) and printable [poster](#) that practices can display about the continued use of face coverings for healthcare setting. We circulated this to all practice managers on Friday and you can download it [here](#).

See more information and guidance on PPE for practices in the GPC [COVID-19 GP toolkit](#), and general guidance on PPE for doctors [here](#)

Face coverings in healthcare settings in England

While NHS England clarified that IPC guidance in GP practices would remain in place, Richard Vautrey, GPC Chair, commented: "It is essential that this is communicated clearly and widely so that everyone understands what to expect when entering surgeries, hospitals and other health and care premises, and why these measures are necessary to protect us all and to effectively get on top of this pandemic".

The [Guardian](#) reported that PHE made clear that its infection prevention control (IPC) guidance is to remain in place after 19 July, meaning the current situation on mask-wearing in health and care settings will continue. This is following pressure from the BMA and other health organisations on the government for clarity on the status of face coverings in hospitals and GP surgeries when legal requirements on mask-wearing will be lifted.

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

Following continued lobbying, the GDPR programme has been further delayed. There is no longer a fixed date for the collection but, rather, the data collection will now only begin when the following criteria have been met:

- The ability for patients to opt out or back in to sharing their GP data with NHS Digital, with data being deleted even if it has been uploaded, and outstanding opt outs being processed.
- A Trusted Research Environment is available where approved researchers can work securely on de-identified patient data which does not leave the environment, offering further protections and privacy while enabling collaboration amongst trusted researchers to further benefit patients.
- A campaign of engagement and communication has increased public awareness of the programme, explaining how data is used and patient choices

The GPC response to the announcement that the GDPR programme will be delayed is on [their website here](#).

Shocking workforce crisis exposed by BMA report

The BMA published [Medical staffing in England: a defining moment for doctors and patients](#) early this week. The figures indicate that there are 1,307 (4.4%) fewer fully qualified FTE GPs than in September 2015, whilst the number of patients per GP practice is 22% higher than it was in 2015, so the GP workforce has not expanded with this rise in patient need. As a result of this, there are now just 0.46 fully qualified GPs per 1,000 patients in England - down from 0.52 in 2015.

There is an urgent retention issue with GP partners with numbers continuing to fall. It is clear that workload pressures are having a material impact as, based on the data trends, fully qualified GPs generally want to better control their workload and work-life balance. There is also a clear trend towards salaried and sessional GP roles and more portfolio and LTFT (less than full-time) working, which is the case for GP trainees as well.

The Government is clearly failing to get anywhere near its 2020 commitment of an additional 6000 doctors in general practice by 2024, as we only anticipate getting around 3,380 additional fully qualified FTE GPs (not factoring in any existing GPs reducing their hours or leaving the profession in that time). This also still falls short of the [Centre for Workforce Intelligence's 2014 prediction model](#) of the worst-case scenario for the GP workforce in 2024.

To tackle the workforce crisis GPC are calling for urgent and sustained action, including:

- Legislation mandating regular healthcare workforce assessments in the Health and Care Bill
- Action to address workforce pressures
- Reduction in bureaucracy, targets and premises pressures that particularly impact GP partners

GPC are also calling for an increased Treasury investment in the medical workforce, including:

- Sufficient medical school, foundation programme and specialty training places
- A relaxation of punitive pension taxation rules, so doctors are not forced to consider early retirement
- Introduction of flexible working options for all staff
- Doctor retention initiatives, as set out in the GPC [Rest, Restore, Recover](#) (2021) report.

Read more [here](#)

Health and Care Bill briefing for general practice

Following the introduction of the Government's [Health and Care Bill](#) to the House of Commons last week, GPC and the BMA have produced a [briefing](#) outlining the key implications and potential impacts of the new legislation on GPs and General Practice. This covers key changes including the transfer of powers from CCGs to ICSSs, GP voice within ICSSs, and changes to funding flows.

Ahead of the Bill's Second Reading (Wednesday 21 July), [BMA Council also voted to express the BMA's opposition to the Bill as presented to Parliament](#), arguing that it is the wrong time to be reorganising the NHS, fails to address chronic workforce shortages or to protect the NHS from further outsourcing and encroachment of large corporate companies in healthcare, and significantly dilutes public accountability. The BMA is also concerned about the wide-ranging excessive powers the Bill would confer on the Health Secretary.

Further information on the Bill and the BMA's work this is available on a [dedicated webpage](#).

Medical examiners roll out

On Tuesday, 8 June, the UK Government [formally announced](#) the roll out of the [medical examiner system](#) into primary care in England and Wales, although medical examiners have already been in place in Scotland and in acute settings in England and Wales. Many have expressed deep concern about the impact this could have on an already overstretched, underfunded, primary care system. Complicating matters was that at the time of the announcement, there was no statutory instruments in place for the roll out.

The recently published [Health and Care Bill](#) will, if enacted, see dramatic changes for the NHS in England, and the BMA has issued a [press response](#) to the publication of the Bill, highlighting concerns. The BMA's Professional Fees Committee are making representations on behalf of the BMA to both the National Medical Examiner's (NME) and the UK Government to express our concerns over the medical examiner system roll out into primary care.

Update on GPC England resolution

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

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

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

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

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

England has a new Health Secretary and in the coming weeks NHSEI will have a new chief executive, and these appointments provide an important opportunity for both the Government and NHSEI to demonstrate their clear commitment to general practice, that GPC hope could potentially pave the way for beginning to engage on fresh terms. GPC England continues to discuss how they may proceed and we will keep you informed of developments in due course.

Supporting general practice and latest appointment data

We all know that GPs and their teams across the country are under enormous pressures. [NHS Digital has published the latest statistics for GP appointments](#) which show that over 8.5 million vaccines appointments were delivered via general practice in England in May, on top of 23.5 million 'regular' appointments, again demonstrating the level of demand that practices continue to meet. These figures, taken together with the results of the national [GP patient survey](#) released last week, shows the reality of our experience, that practices are delivering hundreds of millions of appointments and as a result of the hard work of practices the vast majority of patients are pleased with the care delivered by their general practice team.

In their [letter](#) to the former health secretary Matt Hancock, GPC made clear that the Government needs to do more to support general practice, not talk it down. Their message to the new Secretary of State for Health and Social Care, Sajid Javid, is the same – GPs and their staff are angry, frustrated and disappointed by this treatment. In their [letter](#) to him, GPC raised concerns about the way the Government's emergency regulations have led to a command and control way of working which at times has restricted practices rather than empowered them, and asked for him to bring an end to this micromanagement of general practice from both government and NHSE/I when the restrictions lifted on 19 July. GPC have also called for urgent action to reduce workload pressures through recruiting and retaining more GPs and practice nurses, and to address the premises issues that seriously limit practice work.

As well as GPC lobbying efforts, they also want to do as much as they can to support practices in England with the tools they need to explain to their patients the pressures that general practice is facing. GPC will be releasing more information in the coming weeks on the BMA website and in communication directly to practices.

Survey about CQC inspections and their effect on ethnic minority GPs

BAPIO GP forum is [seeking views](#) of GPs and GP Practices effected by CQC inspections, particularly from ethnic minority GPs or practices owned and/or led by ethnic minority GPs. This will help inform the discussions with CQC on issues facing ethnic minority GPs and the practices they work in. Please feed in your views [here](#). If you have any questions, please contact Kalindi Tumurugoti (Kalindi.Tumurugoti@nhs.net)

Primary Care Fellowship Offers

This document outlines the [Fellowships offers](#) that are currently available in the North East and North Cumbria, including both the national fellowships for GP's and GPN's and the HEE Post CCT Fellowship offer.

For further information on the national fellowship offer please view this [guidance document](#) or visit the fellowships page on the Primary Care Training Hub Website [Made In HEE Webpage](#) or contact workforcetransformation.ne@hee.nhs.uk

For further information on the HEE Post CCT Fellowships please visit [Health Education England Post-CCT-Fellowship](#) or contact victoria.champion@hee.nhs.uk

One career, endless opportunities #Choose GP

Final applications for 2021 GP specialty training will open on 27 July – 18 August 2021. Please 'like' and follow the #Choose GP [Facebook](#) and [Instagram page](#) to keep up to date with news and views, and forward this information to any doctors who may be thinking about career options. The [GP National Recruitment Office](#) (GPNRO) website has more guidance and they have a number of GPs and trainees who can help with enquiries. Email Daryl gprecruitment@hee.nhs.uk to be put in touch.

Specialist and Professional Committee elections

Voting for the Specialist and Professional Committee elections are now open for the following committees:

- [Private Practice Committee \(PPC\)](#)
- [Professional Fees Committee \(PFC\)](#)
- [Committee of Medical Managers \(CMM\)](#)

The deadline for voting is 12pm Thursday 22 July 2021.

Nominations for seats on these committees have reopened until 12pm on Thursday 22 July 2021.

- [Civil and Public Services Committee \(CPSC\)](#)
- [Armed Forces Committee \(AFC\)](#)
- [Committee of Medical Managers \(CMM\)](#) (one seat)

To submit your nomination or vote, please login to the BMA's [election system](#). To vote or stand in the election, you must hold the relevant position for the specified seat. You must also register for a [BMA web account](#) to use the online election system if you do not already have one.

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

BMA COVID-19 guidance

Read the GPC [COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. 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](#)

You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#)

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

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 now offers face-to-face counselling, in addition to their [existing wellbeing services](#). For the next six months, you can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions, provided by the BMA's existing accredited provider Health Assured, through a grant from the [CHSA](#). Call 0330 123 1245 today or [visit the website](#) for more information. Access the [BMA's COVID-19 wellbeing pages](#) and the [BMA wellbeing twitter page](#)

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](#).

NHSEI have recently developed a new [communications toolkit](#) and resources to help promote their offers to the workforce. The toolkit has an overview of each offer, including bulletin, email and social media copy, and links to some case studies and posters. You can also follow this link [Primary Care Coaching – Link to Assets](#) to a range of resources, including social media assets, a video, PDF case studies and posters, website and email banners.

GPC GP Bulletin

Read the GP bulletin [here](#).